PHILPOTT, JUSTIN M

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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PART B - FEE(S) TRANSMITTAL PE Mail Stop ISSUE FEE Ocomplete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 DEC 0 2 2005 (571) 273-2885 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEB (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate and publicated united to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for additional feet and publicated united an Note: A certificate of mailing can only be used for domestic mailings of the Fcc(a) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 09/01/2005 7590 27045 Certificate of Mailing or Transmission ERICSSON INC. I hereby contify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 6300 LEGACY DRIVE M/S EVR C11 PLANO, TX 75024 (Depositor's name ,Shult<u>z</u>, 12/05/2005 CNGUYEN1 00000002 501379 09652461 /SignAline 01 FC:1501 1400.00 DA (Date) December ATTORNEY DOCKET NO. CONFIRMATION NO. PILING DATE FIRST NAMED INVENTOR APPLICATION NO. 34645-00502USPT 3592 Hans Hannu 09/652,461 08/31/2000 TITLE OF INVENTION: ACCESS TECHNOLOGY INTEGRATED HEADER COMPRESSION DATE DUE TOTAL FEE(S) DUE ISSUE FEE PUBLICATION FEE SMALL ENTITY APPLN, TYPE 12/01/2005 \$1400 \$1400 NO nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	3.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T	THE PATENT (print or type)	

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(2) the name of a single firm (having as a member

2. For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively,

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Telefonaktiebolaget LM Ericsson	Stockholm, Sweden
Please check the appropriate assignee category or categories (will not b	printed on the patent): 🚨 Individual 📓 Corporation or other private group entity 🚨 Government
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5. Change in Entity Status (from status indicated above)	
a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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